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This paper is concerned with a description of the basic philosophy, training, and task of the parent educator as part of the health team in multi-discipline, comprehensive approach to the total health needs of the central city population of Portland, Oregon. Objectives of the program are: (1) to ease the health manpower shortage by on-the-job education of health assistants, (2) to demonstrate the feasibility of using the indigent peer group as a significant part of the health team, (3) to show how this type of worker can help coordinate health services rendered to each family, (4) to provide meaningful work to unskilled and unemployed through on-the-job training, (5) to demonstrate use of a peer-related health assistant as a meaningful liaison between health centers and the community, (6) to encourage use of similar programs training other types of health assistants in other areas of patient care, and (7) to develop a corps of professionals who can be used as consultants in staff development for other health facilities wishing to use health assistants. Discussed in the paper are specifics related to job training, curriculum, training duties of professional personnel, selection criteria for job trainees, financial support for trainees, and future directions of the program. (Author/CJ)

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Parent Educators - An Aide for Total Health Plans

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I. INTRODUCTION

The University of Oregon Medical School, Bess Kaiser Hospital, Buckman Dental Clinic, Edgefield Psychiatric Residential Treatment Center, Northwest Regional Educational Laboratory (NWREL), the various service centers and the Metropolitan Steering Committee, funded through a grant by the Parent-Child Center Program have addressed themselves to the planning and operation of a Central Multi-Purpose Health Services Center for Portland's central city areas. The principal intent is to supply a much needed health facility in areas singularly deprived of those services. They will also explore the efficacy of a comprehensive total health program as a means of breaking through the poverty-disease cycle. The services will be rendered in a setting of dignity. They will be personalized, family-based, and will very significantly include the perspective of the consumer of those services in design and operation.

Among its personnel will be the parent educator, a health assistant whose principal identification will be that of family advocate, working in the total interest of that family and that patient. This paper is concerned with a description of the basic philosophy, training and task of the parent educator as part of the health team in a multi-discipline, comprehensive approach to the total health needs of the people to be served.

II. RATIONALE

The gap between the demand and supply of medical services becomes ever wider as population growth disproportionately exceeds the facilities and highly skilled personnel required to maintain a reasonable balance between them. The recent availability of funds through government financing of medical and dental care by prepaid health insurance as well as by demonstration and research grants has acutely accentuated this problem. It has produced the

effect of further increasing the demand without providing for a "tooling up" manpower education and training. It has resulted in overburdening of existing facilities and manpower already in short supply; and inefficient rendering of services often duplicated, overlapping and fragmented. These factors, together with the already existing failure of meaningful communication resulting from cultural differences between the providers and the recipients of the services have too often contributed to the problem rather than to its solution. It is further ironic that in spite of a critical health manpower shortage, the highly skilled professionals are often performing chores which could be assumed by presently unemployed less skilled personnel who are educable and eager to secure meaningful work. It is obvious and desirable *that this presently idle but eager group of people be trained and subsequently* employed to undertake the less skilled though still meaningful portion of the work of the skilled professionals allowing the latter to perform their work to the level of their fullest potential and capability.

The current approach toward circumvention of the health manpower shortage has taken two principal forms; namely, more efficient means of delivering health care which permit pooling of resources; and training of subprofessional health assistants.

It is because of these expressed concerns, together with the fact that recent budgeted federal funds are expected to result in a proliferation of neighborhood health centers throughout the country that the University of Oregon Medical School, Bess Kaiser Hospital, the NWREL, the various service centers and the Metropolitan Steering Committee address themselves to the task of recruiting, selecting and training of parent educators to be employed as health assistants in the target areas. The county can facilitate this

movement by addressing itself to future employment of these parent educators. It is hoped that the success of this portion of the program will encourage similar type health assistants to become trained for use in other facilities rendering health services. However, until the time that enabling legislation is formulated on the expiration of the Parent-Child Center grant, the eight trainees should be paid at the rate of $365.00 per month effective with the first month of training.

III. OBJECTIVES

More specifically, the objectives of the parent educators' training program are as follows;

1. To circumvent the health manpower shortage by on-the-job education and training of the type of health assistant relating to all members of the basic health team, more directly related to the social worker;
2. To demonstrate the feasibility of the use of the indigent peer group as a very significant part of the health team;
3. To demonstrate the use of this type of multi-purpose worker as a means of overcoming fragmentation and permitting coordination of all health services to be rendered to each family;
4. To provide meaningful work for the unskilled and unemployed by means of closely supervised on-the-job training and continued education;
5. To demonstrate the use of a peer-related health assistant as a means of providing a meaningful liaison between the health centers and the community;
6. To encourage the use of similar programs training other types of health assistants to help augment and compliment the services in other areas of patient care or treatment--such as, obstetrical assistant, etc.

7. To develop a cadre of professionals who can be used as consultants in training and staff development for other health facilities, that are desirous of using health assistants.

IV. TRAINING

A. General Comments

The education of the parent educator will be a combination of on-the-job training with a very short preliminary period (8 weeks) didactic education. A very significant goal will be to establish a new type of meaningful job which will enhance the validation of the trainee and at the same time permit the skilled professional or professionals to perform their tasks in a more fulfilling and effective manner.

It is essential that these trainees will actively participate in the designing of the course and in the selection of educational content in the framework of their knowledge of the needs of the community.

B. Training Outline

Accordingly, the training outline will include the topics to follow as well as certain technical areas:

1. Orientation

   a. The "War on Poverty" and its antecedents--social legislation, social action groups, and the Economic Opportunity Act projects and programs--especially as related to Portland and neighboring areas.

   b. The health centers--their philosophies operations, limitations, and personnel.

c. Inter-personal sensitization

Understanding the needs of people
The importance of confidentiality
Goal of self-sufficiency on the part of the patient or client, rather than dependency
The hazards of the judgmental approach
Problems in communicating
Interpersonal and human relations
How to make the report observations
When to get involved with people (involvement vs. relationship)
How to ask questions
How to recognize inherent capability and resourcefulness of the patient or client, and how to make use of these
The process of self-validation and its significance

2. Subject Matter and Educational Content

a. Limitations of responsibility and authority
b. Techniques used in contacting people
c. How to make and report observations
d. Understanding and interpretation of general health needs and procedures as outlined by physicians, dentists, nurses, social workers, and health educators including the general topics of health, mental health, family planning, housing, home furnishing, clothing, nutrition, budgeting, education, community and citizen responsibility, assistance in transportation, relations with other agencies, employment and job status, government and governmental agencies.
e. Public health practices and techniques

Each of the above topics will be expanded into teaching outlines and eventuate in a training manual. The manual will be distributed to each of the trainees at the termination of the training program. In some instances, the envisioned manual will contain detailed descriptions. This applies especially to specific procedures. In many instances, the trainee should be allowed to take his own notes. However, he should always have before him the general outline, so that he can compile his own notebook. The notebook should be reviewed frequently to aid in development of the manual and to make certain that those notes are compiled in the proper frame of reference.

Trainees are to be directly involved with selection of content material. There is to be constant encouragement eliciting contributions of this type.

V. ROLE-GENERAL COMMENTS

It is understood that the role of the parent educator, if it is to be meaningful, must of necessity involve as many freedoms as possible permitting initiative and resourcefulness. The limitations will have to be those concerned with the restrictions imposed by law and professional licensing of the various members of the basic health team. It is also essential that all services to patients be physician or dentist directed, even when mediated through other licensed personnel.

In attempting to overcome fragmentation, every effort must be made to include in the curriculum those services frequently performed in duplication and overlapping by more than one member of the health team, which could be better performed if dispensed by one person having the advantage of seeing the total family situation without the hindrance of the competitive efforts of several agencies. This is particularly significant in relation to multiple problem families which are usually the hardest to reach, especially by those professionals who do not have the advantage of a peer relationship.

The defined tasks of the parent educator will by necessity cut across all lines of members of the basic health team--the physician, dentist, nurse, social worker, and other health aides.

The following pages list topical areas of subject matter to be included in the curriculum. The various portions will be planned and taught by the specific disciplines usually involved with these particular tasks. It is essential to keep in mind that the content must be kept at a reasonably simplified level, depending on the level of education, the educability and the motivation of the trainee. The didactic or lecture section should never be for more than one hour without a fifteen minute break. A total didactic session for one day should never exceed more than three hours. It is also essential that the trainee be made as comfortable as possible

so that he does not feel threatened. Questions and interruptions for explanations are to be encouraged. Each didactic session should include fifteen minutes or more for questioning in order to make certain that the material is being grasped. Notebooks will be examined frequently to facilitate feedback to the instructional staff and be done in the spirit of assistance, rather than checking. All of this will be conducted in the framework of meaningful collaboration with the trainee, taking full advantage of his knowledge of the problems, attitudes, and needs of his peer groups. The importance of the two-way learning street is to be stressed.

VI. CURRICULUM

In devising the curriculum for the parent educator working as part of the health team in the health services centers areas, it should be kept in mind that the task of the parent educator will be undertaken only after complete initial and continuing medical and psycho-social evaluation and treatment by other more skilled and experienced members of the health team, such as the physician, the dentist, the nurse, the social worker, and so forth. It is also significant that this complete supervisory professional staff will be constantly at hand and will continue to obtain reports from the parent educator. Under these conditions jeopardy to the client will be avoided. The main frame of reference of the parent educator is to the Parent-Child Center staff, working as a social work assistant, assuming duties of the other members of the basic team as well.

In all teaching, the emphasis will be on the goal of self-sufficiency for the client as soon as feasible. The image of the parent educator should also be that of advocate and friend of the family. The parent educator should be encouraged to see herself as a very significant member of the basic team who must have a very humanistic approach at all times.

A. General

1. Introduction to the health center--background material as a frame of reference. How related to the community; how the idea for the health center came about; basic philosophies; aims; types of services rendered; patient restrictions (geographic, financial, and how pay); limitations of the health centers; how the health centers relate to other agencies; how they relate to the community; how they relate to O.E.O.

2. Introduction to personnel--refer to tables of organization of agencies involved (make a poster or put on the board); how the parent educator relates in the tables of organization; function of each personnel and the names of each. Formal introduction to each member is essential right from the beginning. If possible, they should all be present at the first indoctrination session.

3. Instructions on how to use the general procedures of each agency--particular reference to the parent educator's role.

4. The patient flow--schematic representations of these (to be included in the trainee manual).

5. Various types of records--demonstrate these--will be included in the Trainee Procedure Manual.

6. Particular characteristics of the area and people to be served. Since we are using area residents, very little needs to be done about this. The trainees should be encouraged to contribute information in this sphere. (On-the-job sessions during the twice-weekly seminars will aid here.)

7. General functions of the parent educator--stress the importance of assisting all personnel to whom they are reporting and all personnel involved with their particular family or client. Describe here the chain of command as it relates to them, indicating that all orders arrive from the physician or dentist and are written on the appropriate chart and patient slip. Each chart will be marked accordingly when a parent educator has been assigned to that client or family. This will indicate to the clerk-attendant or the dental assistant that the parent educator should be advised of the orders.

8. The "War on Poverty"--its antecedents--social legislation; social action program; the Economic Opportunity Act--projects and programs in Portland and neighboring areas are to be especially emphasized.

B. Interpersonal Sensitization

Problems in communications; interpersonal and human relations; importance of confidentiality; the dangers of the judgmental approach; how to ask questions; how to make observations; when to get involved with people, the difference between involvement and relationship; understanding the needs of people, etc.

C. Trainers

Physician

1. General facts on human growth, development and behavior stressing individual variability, interrelationship of the biological, psychological and social areas; the process as a continuum on a time clock basis; disruption as a "normal" interruption with chronicity and critical periods often more important than the disruption itself; the need for early intervention and restoration to function; the significance of preventive care and periodic check ups, etc.

2. The more common subjective complaints and their significance--headaches, abdominal discomfort, fatigue, shortness of breath, joint aches, backaches.

3. The more commonly observed objective signs--aberrations in weight and height, fever, cough, pallor, bleeding from various orifices, rashes (with pictures), behavior such as seclusiveness, impulsive acting, dependence, bizarre behavior, evidence of aberrant behavior, etc.

4. General facts on the more significant disease states--heart disease, cancer, strokes, upper respiratory infection, pneumonia, arthritis, diabetes, sickle cell disease, venereal disease, etc.

5. The uses and abuses of antibiotics and chemo-therapeutic agents--virus versus bacterial disease, etc.

6. The significance of family planning--the rationale and the various techniques stressing the effective versus the ineffective.

7. The dangers of self-medication and cross medication and treatment between members of the family and neighbors.

8. Other factors will be discussed as they come up during the working phase as they apply to the patient being seen. Every attempt should be made to explain these fully to the parent educator so that she may be prepared in turn to explain them to her client.

Dentist

1. Explaining the need for the various procedures as they are performed--the dentist can be assisted in this by the dental hygienist or the dental assistant.

2. Most of the factors concerning dental care will involve proper hygiene and will be taught by the appropriate staff.

3. Every attempt should be made to have the parent educator be aware of the reasons for all procedures and what can be expected in the way of pain, healing, etc., so that she may in turn explain them to the patient.

Nurse

1. Indoctrination as to techniques to be used to fortify the instructions of the physician or dentist or any other member of the health team. (Kaiser - University of Oregon Medical School)**

2. Observing and recording of vital signs such as temperature, respiration and blood pressure. **

3. Techniques related to medication--orally and parenterally. It is understood, however, that no parenteral medication is to be given by the parent educator. However, he should be present when his client is being taught the technique of self-injection of insulin, etc. **

4. Techniques in bathing of incapacitated patients. **

5. Significance of overdoses of various medication. **

6. The colors of various medications--this perhaps can best be done by having samples of the medication present. We will attempt to secure pictures of the more commonly used medication to be placed in each manual. The pharmacist can contribute to this. ** + pharmacist

7. Enemata techniques--the parent educator should be present when this is taught to the patient unless the parent educator is of different sex, in which case it will be necessary to observe the custom of privacy. **

8. Preparation for various procedures, X-rays, chemical tests, etc.--the various instruction slips to be used by each department are to be included in the Parent Educator Manual for ready reference. **

9. Instructions for collection of various specimens--the instruction sheets issued by each department are to be included in the Parent Educator Manual as well as described and taught by the nurse. **

10. Explanation of the rationale behind the various orders given by the physician or dentist. It is better to assume that this has not been thoroughly understood even if the physician or dentist has already done the instructing.

Social Worker

1. Understand organization of school services offered; knowledge of school personnel standards, services and limitations, including PTA; teach the parent educator how to help the family to understand the school and the school to understand the family need; help children establish study conditions in home or make arrangements for supervised study in the community; help the family to locate resources such as Operation Headstart, special education situation, and tutoring when necessary.

**Kaiser - University of Oregon Medical School

2. Understand and be able to interpret to family income tax, social security, unemployment compensation, draft registration as well as how and when to register to vote; teach family how to learn of community activities and meetings.

3. Arrange for transportation when essential; instruct family members how and when to get a driver's license, vehicle registration, and insurance responsibilities.

4. Help the family to understand and verbalize problems and direct them to sources of help; help the family develop techniques for dealing with authorities so that success can be expected; help the family to interpret their problems to the various agencies; teach the family how to relate to the health center and its various members. The parent educator should be a link between the agency, the health center and the family member.

5. Help the family to understand the structural organization and limitations of all agencies; teach the parent educator how to make a referral to appropriate agencies when directed by the supervisor; teach the parent educator how to use resources such as the Welfare Information Service, the Bureau of Public Assistance, the Probation Department, the Police Department, and other public and private agencies.

6. Instruct the parent educator how to understand and to interpret services of city, county, state and federal governments--where to appeal, and how to get action on complaints.

7. Teach the parent educator how to learn about community resources for job training and employment and how to identify, motivate and transport job eligibles to existing sources for employment training.

8. Teach the parent educator how to stress self-sufficiency and to keep aiming for this rather than dependency.

9. Instruct the parent educator as to the limitations of their services. For instance, under no conditions are they to give money to the patients. However, they may refer the patient to Welfare Information Services for funds in an emergency.

D. <u>Parent Educator</u>

1. Ability to interpret general health needs and the importance of kept appointments and of periodic routine health check ups, immunizations, etc. (Kaiser) (University of Oregon Medical School) (See Handbook developed for Kaiser Aids)

2. Understand the principles of good mental hygiene and how to spot extreme disturbances. (Edgefield)

3. Realize the necessity for working with families without undue emotional involvement with all or any family member.

4. Understand good housing conditions, good insect and rodent control, the terms of leases, mortgages, landlords, etc. (Community Service Centers) (On-the-job twice weekly meetings)*

5. Ability to give advice in upkeep of furnishings both from the standpoint of maintenance and sanitary procedures and how to help families develop or maintain interest in improving existing home conditions. (Instruction for Development of Human Resources, Ira Gordon's material, University of Florida material.)*

6. Understand appropriate dress for various occasions in helping the family maintain clothing within limits of budget; sewing, upkeep, dry cleaning, etc. (Consumer's League - Oregon material.)*

7. Understand family's basic eating patterns and within this general framework help family develop adequate nutrition standards and basic knowledge of proteins, vitamins and sanitary standards. (same as 5, 6) (+ Leader's Handbook for Nutrition and Food Course)

8. Understand the basic principles of budget planning and help the family develop immediate long range budgeting plans and goals and the best buys in food, clothing, insurance, etc.; understand time payment advantages and disadvantages in cost; know when to refer to legal services to avoid or remedy consumer fraud. (same as 5, 6, 7)

9. Help families to predict and prevent illnesses and accidents. (University of Oregon Medical School) (Symptom Recognition)

10. Teach individual family members the problem solving approach. (F. Neuman's material) (Harvard University)

11. Guide families in developing discussion-decision skills.

E. <u>Training Format</u>

*To take place at various settings - information to be shared twice weekly - also provide chance for trainee discussion of problems felt or met.

VII. SELECTION

A. Criteria

1. Job Qualifications

Age: Over 21

Sex: Male or female--some thought must be given here to the advisability of young males entering a home and the attitude of husbands related to this. However, it is possible that careful selection will make this unnecessary.

Education: There should be no specific educational requirements. However, the parent educator must be able to communicate verbally with all segments of the community in person and on the telephone. He or she must be sufficiently literate to be able to read and to write written reports. Some thought must be given to the fact that the level of education of each parent educator cannot be too disparate if teaching them in a group is to be feasible. It is possible, however, that the teaching can be managed with separate subgroups if there are various levels of education and innate resources.

Financial Status: Must belong to the group designated as poor. This will depend on income as compared with number of family members. Every effort will be made to use people now on categorical aid. We will work with the Bureau of Public Assistance on securing people aided by that Bureau, aiming toward escalation into jobs which will eventually remove them from welfare aid. We will also then take advantage of any remunerations afforded by the Bureau of Public Assistance in connection with such training programs. The total amount of the training program shall be at least three months. This will be outlined under the section entitled: The Parent Educator Training Program.

Geographic Limitations: Should live in the area to be served. This must be carefully observed.

2. Personality Characteristics

Personal adjustment and moral character to represent agency and visit in homes of families assigned.

Eagerness to participate and benefit from training.

Willingness to learn.

Willingness to accept direction and supervision.

Willingness to adhere to structure and format of the job of parent educator which includes making frequent reports.

Ability to handle the problems of the family without becoming emotionally involved.

Ability to remain nonjudgmental.

Ability to adhere to the strictest code of confidentiality.

Ability to communicate and to understand on the level of the patient or client.

Ability to remain apolitical.

Have a general concern for the problems of poverty.

Have an understanding of the special problems of minorities particularly the Negro.

A desire to improve intergroup relations.
A concern for individual human rights.
Ability to relate to clients with warmth and understanding but not to overidentify.
Willingness to be available to clients on a regular and emergency basis.
Must not expect gratitude of the patient or client. Must not be unduly rigid or hostile.
Generally high standards of honesty and responsibility and an ability to function reliably under supervision.
Neat and attractive appearance and a pleasant manner of speaking.

B. Health Criteria

These should be determined by a preemployment physical. This is essential in order to comply with regulations of other agencies which may later hire this type of personnel. It will serve to acquaint the trainee with the complete checkup. The examiner should explain the significance of each part of the examination.

1. Initial Selection Interview: This part should be conducted as a group. Present at this session should be the Medical Directors, Parent-Child Center organizer, and Drs. Clark, Grimm, Creighton, Giammatteo, Mr. Colombo and Mr. Peck. The group should be given a short orientation talk on the health centers, the poverty program and the work of the parent educator and the goals for the Parent-Child Center. While this is going on they should be observed for their interest, their curiosity as indicated by their questions, their ability to learn, their appearance. Questions should then be directed to them as a group. These should be designed to evaluate the general concern for the problems of poverty and their understanding of the special problems of the residents of the area to be served. They should also be questioned as to their attitude towards agencies and how they have gotten along with agencies in their own personal dealings. While these questions are being answered, the interviewing group should make a preliminary evaluation as to suitable and unsuitable candidates.

2. Second Interview should be conducted individually with each person being evaluated for a period of about a half hour by each member of the interviewing group. Evaluation should be made along the same lines which now also includes some critique of their ability to follow orders and whether their attitude is nonjudgmental. Prior to this interview the level of educability and education should be determined by a written test based on reading of a paragraph within a specified amount of time and answering questions pertaining to it. Other devices may be used such as matching of words and picking out correct spelling of words. This should occur within five days after step 1 and information about trainee selection should be within two days after step 2.

3. Continued evaluation should take place while the training program is going on with frequent interdisciplinary discussions as to evaluation. These should be conducted at least every two weeks.

aining Outline

PARENT EDUCATOR TRAINING PROGRAM

	1 Content	2 Technique of Exposing People To Content	3 Instructor(s)	4 Time Allocation
Kaiser	Social welfare agencies use adult sensitivity	Ref. technique Case workups T-group	Staff Dr. Columbo Dr. Peck	3 weeks
Edgefield	Child psychology Group work Child sensitivity	Observation and sensitivity	Dr. Grimm's staff Dr. Giammatteo	1 week
Service Centers	Awareness of what is	Lectures Discussions Followup observations	Staff: Mrs. Gordon Mr. Rotstein	3 days
On The Job M.I.Lab*	Home entry Forms reporting	Role playing Design new forms Record keeping	Appropriate staff	2 days plus 8 weeks ongoing when supervision is provided
Medical School U of O	Neurological screening Pediatric	Observation and seminar	Staff Dr. Clark	1 week
Dental Clinics	Dental procedures Oral hygienist's procedures	Lecture/seminar	Dentists/Oral hygienists	1 week

*Twice-weekly seminars through training sessions

IX. EVALUATION DESIGN

This is in preparation at present. If formal testing is necessary, this should be prepared before the training starts. A primary concern will be studies of client utilization as well as studies of human factors related to phase in problems of the parent educator.

X. FUTURE PLANS

The principal aim should be to establish the parent educator as a special type of health assistant, which can be used in other similar facilities and with slight modification, in physicians' offices. They can also be used in connection with health and welfare agencies.

It would be very logical for an agency such as the County Department of Public Health to assume the responsibility for the training of health assistants, such as the parent educator. If feasible, consideration should be given to expansion into the training of other types of health personnel, such as, obstetrical aides.

We should consider the possibility of separate funding through the newly founded Manpower Training Section of the United States Public Health Service, Vocational Rehabilitation, and perhaps special secondary education training programs under Title III ESEA.

Trainee Financial Support

Eight trainees will be selected who should be from low-income families living in the areas to be serviced. They should be willing to participate 15 continuous weeks, and when possible, should be over 21 years of age at the beginning of the training program.

$75.00 per week per trainee, plus $15.00 per week for dependency allowance. (These dependents must be living at home.) Funds currently being received by trainees from other sources not to be reduced in any manner. Travel reimbursement will be provided up to 10¢ per mile to and from training sites (applicable to staff also) (about 100 miles per week).

Twenty percent overhead per each agency for prorated time of instruction will be provided. (To be used as a measure of local institutional commitment)

A package insurance program will cover trainees and staff. ($5.00 per week per trainee suggested upper limit.)

Group care and/or babysitting to be provided at or near training site or $15.00 per week extra allocated for each trainee for Parent-Child Centers to provide babysitting or nursery attendance near their home.

Program Budget (P-CC)		Approximate Amount to Trainee Per Week
75 per trainee week		$ 75 = training
+ 15 per dependency allowance per training week		15 = dependency
+ 5 per training week for insurance		10 = travel
+ 10 per transportation per week		$100 per week
+ 15		
$120 per trainee week x 15 weeks =	$1,800	
8 trainees	x8	
	$14,400	

Other Institutional Support

Kaiser)

University of Oregon) Manpower assessment to be shown here

Northwest Regional Educational Laboratory)

*At the termination of the training session, salary of $365 per month to be paid for stipulated time. It is suggested a phone for each of the eight trainees be provided as part of the Parent-Child Center budget (approximately $7.00 per month x 8 trainees = $56.00) at the termination of training. A realistic Parent-Child Center budget would provide for a total of one calendar year of wages (8 x $365 monthly x 12 months) after training. The total would be $35,040 in support for the aide program until phased into budgets of existing budgets.